

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>GREAT LAKES ORTHOPAEDIC CENTER 401(K) PROFIT SHARING PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/1995</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT LAKES ORTHOPAEDIC CENTER</u> <u>4045 WEST ROYAL DRIVE</u> <u>TRAVERSE CITY, MI 49684</u>
2b	Employer Identification Number (EIN) <u>38-3202597</u>
2c	Plan Sponsor's telephone number <u>231-935-0900</u>
2d	Business code (see instructions) <u>621111</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2022	NANCY EDICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	113
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	66
a(2) Total number of active participants at the end of the plan year		6a(2)	55
b Retired or separated participants receiving benefits.....		6b	8
c Other retired or separated participants entitled to future benefits		6c	34
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	97
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	97
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	97
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 3D 2R 2T 2F			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GREAT LAKES ORTHOPAEDIC CENTER 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT LAKES ORTHOPAEDIC CENTER	D Employer Identification Number (EIN) 38-3202597	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GREENLEAF TRUST
38-3416104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GREENLEAF TRUST

38-3416104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 37 38 57 64 65	TRUSTEE	101758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GREAT LAKES ORTHOPAEDIC CENTER 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT LAKES ORTHOPAEDIC CENTER	D Employer Identification Number (EIN) 38-3202597	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	35439	26572
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	20169	18744
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	285316	339938
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	164823	147555
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16929283	19827889
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	8058580	9085640

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	25493610 29446338
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	25493610 29446338

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	594827
	(B) Participants	2a(1)(B)	380423
	(C) Others (including rollovers).....	2a(1)(C)	2898
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	978148
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	8792
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	8792
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	994574
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	994574
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2665030
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4646544
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	592058	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		592058
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	101758	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		101758
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		693816
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3952728
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: REHMANN ROBSON, LLC

(2) EIN: 38-3635706

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a	X		10231

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan GREAT LAKES ORTHOPAEDIC CENTER 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT LAKES ORTHOPAEDIC CENTER	D Employer Identification Number (EIN) 38-3202597

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Great Lakes
Orthopaedic
Center
401(k) Profit
Sharing Plan



GREAT LAKES
ORTHOPAEDIC
CENTER

Years Ended
December 31,
2021 and 2020

Financial
Statements
and
Supplementary
Information

Rehmann

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Table of Contents

	<u>Page</u>
Independent Auditors' Report	1
Financial Statements for the Years Ended December 31, 2021 and 2020	
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8
Supplementary Information as of and for the Year Ended December 31, 2021	16
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	17
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	18

INDEPENDENT AUDITORS' REPORT

October 11, 2022

Board of Directors

Great Lakes Orthopaedic Center 401(k) Profit
4045 West Royal Drive
Traverse City, MI 49684

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of ***Great Lakes Orthopaedic Center 401(k) Profit Sharing Plan*** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.



Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the *Independent Auditors' Responsibilities for the Audit of the 2021 Financial Statements* section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Independent Auditors' Responsibilities for the Audit of the 2021 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Independent Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an independent auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and delinquent contributions as of and for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Independent Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 8, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Rehmann Lobarr LLC

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

	December 31	
	2021	2020
ASSETS		
Investments		
Mutual funds	\$ 19,827,889	\$ 16,929,283
Self-directed brokerage accounts	9,085,640	8,058,580
Money market fund	339,938	285,316
Total investments at fair value	29,253,467	25,273,179
Receivables		
Employer contribution receivable	26,572	35,439
Accrued interest and dividends	18,744	20,169
Notes receivable from participants	147,555	164,823
Total receivables	192,871	220,431
Total assets (equal to net assets available for benefits)	\$ 29,446,338	\$ 25,493,610

The accompanying notes are an integral part of these financial statements.

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2021	2020
Additions to net assets attributed to		
Contributions		
Employer	\$ 594,827	\$ 642,798
Participant	380,423	356,947
Rollovers	2,898	73,668
	<u>978,148</u>	<u>1,073,413</u>
Total contributions	978,148	1,073,413
Investment income - dividend and interest income	994,574	658,317
Interest income - notes receivable from participants	8,792	9,883
	<u>1,981,514</u>	<u>1,741,613</u>
Total additions	1,981,514	1,741,613
Deductions from net assets attributed to		
Benefits paid to participants	592,058	1,234,349
Administrative and other expenses	101,758	84,768
	<u>693,816</u>	<u>1,319,117</u>
Total deductions	693,816	1,319,117
Net appreciation in fair value of investments	<u>2,665,030</u>	<u>3,050,494</u>
Net increase	3,952,728	3,472,990
Net assets available for benefits		
Beginning of year	<u>25,493,610</u>	<u>22,020,620</u>
End of year	<u>\$ 29,446,338</u>	<u>\$ 25,493,610</u>

The accompanying notes are an integral part of these financial statements.

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

1. DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following description of *Great Lakes Orthopaedic Center 401(k) Profit Sharing Plan* (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Description of the Plan

General

The Plan is a defined contribution plan covering all employees of *Great Lakes Orthopaedic Center, PC* (the "Company") who have completed at least one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Risks and Economic Uncertainties

The Plan invests in mutual funds, a money market fund, and self-directed brokerage accounts with the underlying assets consisting of any combination of stocks, bonds, fixed income securities, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of interest rate, market, and credit risks inherent with certain of the Plan's investment securities, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

On March 27, 2020, the President signed the *Coronavirus Aid, Relief, and Economic Security Act* (the "CARES Act") into law. The CARES Act included provisions for eligible defined contribution plans, including availability of qualified coronavirus-related distributions, delay of repayments for existing plan loans, and other relief provisions. These CARES Act provisions were optional and employers were permitted to choose whether, and to what extent, to provide the coronavirus-related distribution and/or loan provisions of the CARES Act. The Plan provided access to the new CARES Act distribution and loan deferral options to participants as soon as administratively possible, in accordance with the IRS guidance and other applicable requirements.

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Contributions

Each year participants may contribute pretax or Roth contributions to the Plan, subject to the Internal Revenue Code (the "Code") annual limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The Company has a safe harbor matching contribution of 100% of each participant's contributions, up to a maximum of 3% of their eligible compensation. The Company, at its discretion, may make an additional profit sharing contribution to the Plan based on a percentage of the participant's compensation, as determined by the Plan sponsor annually. Profit sharing contributions for 2021 and 2020 were \$431,762 and \$454,392, respectively. Participants direct the investment of contributions into various investment options offered by the Plan. The Plan currently offers mutual funds and a money market fund as investment options for participants. In addition, the Plan allows each participant to create a self-directed brokerage account in which the participant can choose from a variety of investments allowed by ERISA. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Company's safe harbor matching contributions and an allocation of (a) the Company's profit sharing contribution (when made), and (b) Plan earnings, and charged with an allocation of administrative expenses, if any. Participants who initiate a notes receivable or benefit payment are charged a fee for that transaction. Allocations are based on participant compensation, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their 401(k) voluntary contributions and Company safe harbor matching contributions plus actual earnings thereon. Vesting in the Company profit sharing contributions is based on years of continuous service. A participant is 100% vested after six years of credited service or upon death or total and permanent disability.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The resulting notes receivable are secured by the balances in the participants' accounts and bear interest at rates ranging from 5.25% to 6.25%, which are commensurate with the local prevailing rate at the time of each loan was issued, as determined quarterly by the Plan Administrator. Principal and interest is collected ratably through payroll deductions.

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installment payments, as defined by the Plan agreement. If the participant's account balance is \$1,000 or less, payment will be made in an immediate lump-sum without the participant's consent.

In-service withdrawals of vested balances may be elected by participants who have reached 59 ½ years of age. The Plan also permits withdrawals of active participants' elective contributions, only in amounts necessary to satisfy financial hardship as defined by the Plan agreement.

Forfeited Accounts

Forfeited nonvested accounts are used to pay plan administrative fees or reduce future employer cash contributions with any remaining amounts allocated among the accounts of participants. No forfeitures were used to reduce the employer match in 2021 or 2020. Forfeitures of \$28,604 and \$5,614 were used to pay administrative fees during 2021 and 2020, respectively. At December 31, 2021, forfeited nonvested accounts totaled \$18,504. There were no forfeited nonvested accounts at December 31, 2020.

Administrative Expenses

The Plan's administrative expenses are paid either by the Plan or the Company, as provided by the Plan document. Certain administrative expenses, including an allocation of salaries related to Plan administration, and audit and legal costs, are paid by the Company and qualify as party-in-interest transactions which are exempt from prohibited transaction rules. Expenses that are paid directly by the Company are excluded from these financial statements. Fees for custodial and record keeping services are paid by the Plan. Participants are charged directly for notes receivable fees and fees related to certain distribution types.

Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's aggregate gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in mutual funds and the money market fund are deducted from income earned on a daily basis and are not separately reflected. Consequently, such management fees and operating expenses are reflected as a reduction of net appreciation in the aggregate fair value of such investments.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make note receivable repayments and the Plan Administrator deems the note receivable to be in default, the participant note receivable is reduced and a benefit payment is recorded.

Contributions

Participant contributions are recorded when withheld from compensation. Employer contributions are recorded in the period in which they become obligations of the Company.

Benefits Paid to Participants

Benefit payments to participants are recorded when paid.

Subsequent Events

In preparing these financial statements, Plan management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to December 31, 2021, the most recent statement of net assets available for benefits presented herein, through October 11, 2022, the date these financial statements were available to be issued. No such significant events or transactions were identified.

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

2. INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Greenleaf Trust, as trustee, has certified the completeness and accuracy of the investment information reflected in (1) the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, (2) the December 31, 2021, schedule of assets (held at end of year), and (3) the related investment activity reflected in the statements of changes in net assets available for benefits during 2021 and 2020. Greenleaf Trust has also certified the completeness and accuracy of notes receivable from participants and the related interest income as of and for the years ended December 31, 2021 and 2020.

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. For financial assets recorded at fair value, the description includes an indication of the level of the fair value hierarchy in which the assets are classified. There have been no changes in the methodologies used at December 31, 2021 and 2020.

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Mutual funds: Shares held in mutual funds are valued at quoted market prices that represent the net asset value (NAV) of shares held by the Plan at year end and are classified as Level 1. The NAV is based on the value of the underlying assets owned by the fund, less its liabilities, then divided by the number of shares outstanding. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price and, therefore, are deemed to be actively traded.

Money market fund: Shares held in money market funds are comprised of debt securities with individual maturities of 12 months or less and an average maturity of 41 days or less. The composition of securities is structured to maintain a value of \$1 per share and these funds are classified as Level 2.

Self-directed brokerage accounts: These accounts primarily consist of mutual funds, common stocks, U.S. government treasury notes, money market funds, and corporate bonds all of which are valued on the basis of readily determinable market prices and are classified as Level 1 except for the money market funds which are classified as Level 2, as described above.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value at December 31:

2021	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 19,827,889	\$ -	\$ -	\$ 19,827,889
Money market fund	-	339,938	-	339,938
Self-directed brokerage accounts				
Mutual funds	6,185,100	-	-	6,185,100
Common stock	1,587,604	-	-	1,587,604
Corporate bonds	464,769	-	-	464,769
U.S. government treasury notes	566,221	-	-	566,221
Other	209,687	-	-	209,687
Money market funds	-	72,259	-	72,259
Total investments at fair value	\$ 28,841,270	\$ 412,197	\$ -	\$ 29,253,467

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

2020	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 16,929,283	\$ -	\$ -	\$ 16,929,283
Money market fund	-	285,316	-	285,316
Self-directed brokerage accounts				
Mutual funds	5,078,964	-	-	5,078,964
Common stock	1,522,557	-	-	1,522,557
Corporate bonds	579,115	-	-	579,115
U.S. government treasury notes	481,846	-	-	481,846
Money market funds	303,967	-	-	303,967
Other	-	92,131	-	92,131
Total investments at fair value	\$ 24,895,732	\$ 377,447	\$ -	\$ 25,273,179

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no transfers of assets into or out of Level 3 in 2021 and 2020.

4. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Greenleaf Trust. Greenleaf Trust is the trustee of the Plan and, therefore, transactions with Greenleaf Trust qualify as party-in-interest. Fees paid by the Plan for the custodial and record keeping services amounted to \$101,758 and \$84,768 for 2021 and 2020, respectively. Fees paid by the Plan for investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

5. TAX STATUS

The Company's Board of Directors adopted the Greenleaf Trust Defined Contribution Prototype 401(k) plan document. The prototype plan document has received an opinion letter from the Internal Revenue Service dated June 30, 2020, stating that the written form of the underlying prototype plan document is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and that any employer adopting this form of the plan will be considered to have a plan qualified under Section 401(a) of the Code. The Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

The Plan Administrator has considered the tax positions taken by the Plan and has concluded that, as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan may be subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2018.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts. Any unallocated assets of the Plan would be allocated to participant accounts and distributed in such a manner as the Company may determine.

7. DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2019, the Company was untimely in remitting certain participant contributions in the amount of \$45,654. Late remittances of participant contributions constitute a prohibited transaction under ERISA section 406, regardless of materiality. The Company remitted the \$45,654 to the Plan during 2019. The Company reimbursed the Plan for lost earnings related to 2019 untimely contributions during 2020.

During 2021, the Company was untimely in remitting certain participant contributions in the amount of \$10,231. Late remittances of participant contributions constitute a prohibited transaction under ERISA section 406, regardless of materiality. The Company remitted the \$10,231 to the Plan during 2021. The Company will reimburse the Plan for lost earnings related to the 2021 untimely contribution during 2022.

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**SUPPLEMENTARY INFORMATION
AS OF AND FOR THE YEAR ENDED
DECEMBER 31, 2021**

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2021

Plan #001

EIN 38-3202597

Participant Contributions Transferred Late to the Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside of Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in VFCP	
Check Here if Late Participant Loan Repayments are included: ☒				
October 21, 2021	\$ -	\$ 10,231	\$ -	\$ -

GREAT LAKES ORTHOPAEDIC CENTER 401(k) PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

Plan #001

EIN 38-3202597

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Mutual funds		
	T. Rowe Price	Retirement I 2040 Fund, 414,831 shares	\$ 7,483,554
	T. Rowe Price	Retirement I 2030 Fund, 164,262 shares	2,748,103
	Vanguard	500 Index Admiral Fund, 5,711 shares	2,511,673
	T. Rowe Price	Retirement I 2050 Fund, 52,281 shares	966,149
	T. Rowe Price	Growth Stock I Fund, 8,557 shares	909,976
	T. Rowe Price	Retirement I 2045 Fund, 46,990 shares	870,248
	T. Rowe Price	Mid Cap Growth I Fund, 6,474 shares	760,095
	Vanguard	Total International Stock Index Admiral Fund, 20,373 shares	696,759
	Vanguard	Short-Term Investment Grade Fund, 51,204 shares	551,468
	T. Rowe Price	Retirement I 2020 Fund, 25,260 shares	375,107
	T. Rowe Price	Retirement Balanced I Fund, 24,561 shares	318,808
	Vanguard	Small Cap Index Admiral Fund, 2,813 shares	304,822
	Vanguard	Total Bond Market Index Admiral Fund, 26,531 shares	296,884
	PIMCO	Total Return Institutional Fund, 18,464 shares	189,628
	Blackrock	Equity Dividend K Fund, 8,719 shares	188,859
	Vanguard	Mid Cap Index Admiral Fund, 581 shares	183,366
	Wasatch	Core Growth Institutional Fund, 1,731 shares	165,697
	JP Morgan	Mid Cap Value R6 Fund, 1,919 shares	79,810
	Hartford	International Opportunities R6 Fund, 3,679 shares	74,137
	Matthews	Pacific Tiger Institutional Fund, 1,910 shares	52,534
	Vanguard	Intermediate Term Treasury Admiral Fund, 2,932 shares	33,163
	Delaware	Emerging Markets R6 Fund, 1,188 shares	28,964
	T. Rowe Price	Retirement I 2060 Fund, 1,399 shares	26,362
	Delaware	Small Cap Value R6 Fund, 144 shares	11,723
	Total mutual funds		19,827,889
	Money market fund		
	Northern Trust	Northern Institutional Treasury Portfolio Money Market Fund, 339,938 shares	339,938
	Self-directed brokerage accounts		9,085,640
*	Notes receivable from participants	Loans, maturing through January 2050, interest rates from 5.25% to 6.25%, collateral - participant account balances	147,555
	Total		\$ 29,401,022

(a) An asterisk in this column identifies a person known to be a party-in-interest.

The above information has been certified by Greenleaf Trust, trustee of the Plan, as complete and accurate.

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

			<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Cash			0.00		0.00	
Short Term						
Northern Institutional Treasury Portfolio			339,938.32	1.00	339,938.32	0.00
339938.32 Par Value						
71020039						
Northern Institutional Treasury Portfolio			42,228.15	1.00	42,228.15	0.00
42228.15 Par Value						
71020239						
Northern Institutional Treasury Portfolio			19,532.40	1.00	19,532.40	0.00
19532.4 Par Value						
71020339						
Northern Institutional Treasury Portfolio			10,498.20	1.00	10,498.20	0.00
10498.2 Par Value						
71020639						
Total Short Term			412,197.07		412,197.07	0.00
Investments						
U S Government						
United States Treas Nts	1.625%	08/15/2029	52,966.81	1.01543	50,771.50	-2,195.31
50000 Par Value						
71020239						
United States Treas Nts	2.750%	02/15/2028	57,337.90	1.081641	54,082.05	-3,255.85
50000 Par Value						
71020239						
United States Treas Nts	2.250%	11/15/2027	61,071.51	1.050703	57,788.67	-3,282.84
55000 Par Value						
71020239						

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

			<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
United States Treas Nts	1.250%	04/30/2028	149,535.16	0.991719	148,757.85	-777.31
150000 Par Value						
71020239						
United States Treas Nts	1.750%	11/15/2029	76,549.80	1.025977	76,948.28	398.48
75000 Par Value						
71020239						
United States Treas Nts	1.125%	02/28/2025	25,881.83	1.003828	25,095.70	-786.13
25000 Par Value						
71020239						
United States Treas Nts	1.500%	08/15/2026	105,886.70	1.011914	101,191.40	-4,695.30
100000 Par Value						
71020239						
United States Treas Nts	2.000%	08/15/2025	53,855.45	1.031719	51,585.95	-2,269.50
50000 Par Value						
71020239						
Total U S Government			583,085.16		566,221.40	-16,863.76
Corporate Debt & Equity						
Abbvie Inc	2.600%	11/21/2024	26,747.00	1.037885	25,947.12	-799.88
25000 Par Value						
71020239						
Adobe Systems Inc			10,002.40	567.06	11,341.20	1,338.80
20 Shares						
71020239						
Adobe Systems Inc			10,002.40	567.06	11,341.20	1,338.80
20 Shares						
71020339						

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

		<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Alphabet Inc. CI C		26,278.20	2,893.59	43,403.85	17,125.65
15 Shares					
71020239					
Alphabet Inc. CI C		26,278.20	2,893.59	43,403.85	17,125.65
15 Shares					
71020339					
Amazon.com Inc		29,614.46	3,334.34	30,009.06	394.60
9 Shares					
71020239					
Amazon.com Inc		29,463.42	3,334.34	30,009.06	545.64
9 Shares					
71020339					
American Tower Corporation		25,812.90	292.50	33,637.50	7,824.60
115 Shares					
71020239					
American Tower Corporation		27,970.67	292.50	36,562.50	8,591.83
125 Shares					
71020339					
Apple Inc		14,595.90	177.57	19,532.70	4,936.80
110 Shares					
71020239					
Apple Inc		16,586.25	177.57	22,196.25	5,610.00
125 Shares					
71020339					
Apple Inc	2.850% 02/23/2023	26,253.32	1.020924	25,523.10	-730.22
25000 Par Value					
71020239					

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
ASG Managed Futures Strategy Fund N			105,327.92	10.06	101,465.50	-3,862.42
10086.034 Shares						
71020239						
ASG Managed Futures Strategy Fund N			160,569.11	10.06	152,813.32	-7,755.79
15190.191 Shares						
71020339						
ASG Managed Futures Strategy Fund N			65,039.29	10.06	61,868.46	-3,170.83
6149.946 Shares						
71020639						
AT&T Inc	1.700%	03/25/2026	25,181.00	0.995367	24,884.18	-296.82
25000 Par Value						
71020239						
Berkshire Hathaway Cl B			23,187.00	299.00	29,900.00	6,713.00
100 Shares						
71020239						
Berkshire Hathaway Cl B			23,187.00	299.00	29,900.00	6,713.00
100 Shares						
71020339						
Blackrock Equity Divid Fd K			179,182.51	21.66	188,858.70	9,676.19
8719.238 Shares						
71020039						
Booking Holdings Inc			15,590.89	2,399.23	16,794.61	1,203.72
7 Shares						
71020239						
Booking Holdings Inc			8,909.08	2,399.23	9,596.92	687.84
4 Shares						
71020339						

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

		<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
		<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
		<i>(Aggregate Market Value)</i>	<i>Price</i>		
Canadian Pacific Railway LTD - ADR		15,601.05	71.94	16,186.50	585.45
225 Shares					
71020239					
Canadian Pacific Railway LTD - ADR		17,334.50	71.94	17,985.00	650.50
250 Shares					
71020339					
Colgate-Palmolive Co		12,826.50	85.34	12,801.00	-25.50
150 Shares					
71020239					
Colgate-Palmolive Co		9,406.10	85.34	9,387.40	-18.70
110 Shares					
71020339					
D R Horton Inc	2.500% 10/15/2024	26,685.32	1.029169	25,729.21	-956.11
25000 Par Value					
71020239					
Danaher Corporation		8,885.60	329.01	13,160.40	4,274.80
40 Shares					
71020239					
Danaher Corporation		11,107.00	329.01	16,450.50	5,343.50
50 Shares					
71020339					
Delaware Emerging Markets R6		30,546.20	24.39	28,964.15	-1,582.05
1187.542 Shares					
71020039					
Delaware Emerging Markets R6		128,155.48	24.39	121,546.59	-6,608.89
4983.46 Shares					
71020239					

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

				<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
				<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
				<i>(Aggregate Market Value)</i>	<i>Price</i>		
Delaware Emerging Markets R6				122,921.94	24.39	116,582.93	-6,339.01
4779.948 Shares							
71020339							
Delaware Emerging Markets R6				53,575.63	24.39	50,859.25	-2,716.38
2085.25 Shares							
71020639							
Delaware Small Cap Value R6				10,289.91	81.56	11,720.99	1,431.08
143.71 Shares							
71020039							
Dollar General Corp				12,618.00	235.83	14,149.80	1,531.80
60 Shares							
71020239							
Dollar General Corp				15,772.50	235.83	17,687.25	1,914.75
75 Shares							
71020339							
Duke Energy Corp	3.75	3.750%	04/15/2024	27,524.20	1.050297	26,257.44	-1,266.76
25000 Par Value							
71020239							
Ebay Inc		3.450%	08/01/2024	27,309.17	1.050491	26,262.27	-1,046.90
25000 Par Value							
71020239							
General Mtrs Finl Co Inc		1.700%	08/18/2023	25,532.25	1.009607	25,240.17	-292.08
25000 Par Value							
71020239							
Georgia Pwr Co		2.850%	05/15/2022	25,832.36	1.009593	25,239.82	-592.54
25000 Par Value							
71020239							

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
Goldman Sachs Group Inc	3.500%	04/01/2025	27,774.74	1.057769	26,444.23	-1,330.51
25000 Par Value						
71020239						
Hartford Dividend and Growth Fund F			39,549.98	33.80	44,154.36	4,604.38
1306.342 Shares						
71020639						
Hartford International Opportunity R6			75,941.20	20.15	74,137.49	-1,803.71
3679.28 Shares						
71020039						
Honeywell International Inc			11,698.50	208.51	11,468.05	-230.45
55 Shares						
71020239						
Honeywell International Inc			15,952.50	208.51	15,638.25	-314.25
75 Shares						
71020339						
Intuit	1.350%	07/15/2027	25,578.78	0.978646	24,466.14	-1,112.64
25000 Par Value						
71020239						
IQ Merger Arbitrage ETF			80,349.70	32.25	77,722.50	-2,627.20
2410 Shares						
71020239						
IQ Merger Arbitrage ETF			101,378.96	32.25	99,491.25	-1,887.71
3085 Shares						
71020339						
IQ Merger Arbitrage ETF			41,182.10	32.25	40,409.25	-772.85
1253 Shares						
71020639						

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
iShares Core MSCI EAFE ETF 2300 Shares 71020239	158,907.00	74.64	171,672.00	12,765.00
iShares Core MSCI EAFE ETF 2000 Shares 71020339	138,180.00	74.64	149,280.00	11,100.00
iShares Core MSCI EAFE ETF 750 Shares 71020639	51,817.50	74.64	55,980.00	4,162.50
iShares Core S&P 500 Index 2200 Shares 71020239	825,858.00	476.99	1,049,378.00	223,520.00
iShares Core S&P 500 Index 2269 Shares 71020339	851,759.91	476.99	1,082,290.31	230,530.40
iShares Core S&P 500 Index 836 Shares 71020639	313,826.04	476.99	398,763.64	84,937.60
iShares Core S&P Midcap 400 Index 570 Shares 71020239	131,003.10	283.08	161,355.60	30,352.50
iShares Core S&P Midcap 400 Index 550 Shares 71020339	126,396.05	283.08	155,694.00	29,297.95
iShares Core S&P Midcap 400 Index 227 Shares 71020639	52,171.41	283.08	64,259.16	12,087.75

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
iShares Core S&P Smallcap 600 Index			85,926.50	114.51	107,066.85	21,140.35
935 Shares						
71020239						
iShares Core S&P Smallcap 600 Index			82,759.12	114.51	103,059.00	20,299.88
900 Shares						
71020339						
iShares Core S&P Smallcap 600 Index			36,668.10	114.51	45,689.49	9,021.39
399 Shares						
71020639						
JPMorgan Chase & Co	3.250%	09/23/2022	26,292.75	1.020057	25,501.43	-791.32
25000 Par Value						
71020239						
JPMorgan Mid Cap Value R6			75,798.46	41.58	79,810.48	4,012.02
1919.444 Shares						
71020039						
Matthews Pacific Tiger Fund Cl I			64,154.63	27.50	52,534.38	-11,620.25
1910.341 Shares						
71020039						
Matthews Pacific Tiger Fund Cl I			145,374.26	27.50	118,995.91	-26,378.35
4327.124 Shares						
71020239						
Matthews Pacific Tiger Fund Cl I			140,491.26	27.50	114,998.92	-25,492.34
4181.779 Shares						
71020339						
Matthews Pacific Tiger Fund Cl I			61,340.38	27.50	50,243.19	-11,097.19
1827.025 Shares						
71020639						

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Meta Platforms, Inc. 65 Shares 71020239	17,755.40	336.35	21,862.75	4,107.35
Meta Platforms, Inc. 75 Shares 71020339	20,487.00	336.35	25,226.25	4,739.25
MFS Emerging Markets Debt Fund R6 4837.52 Shares 71020239	74,185.43	14.41	69,708.66	-4,476.77
MFS Emerging Markets Debt Fund R6 1916.443 Shares 71020339	29,347.57	14.41	27,615.94	-1,731.63
MFS Emerging Markets Debt Fund R6 1151.508 Shares 71020639	17,622.08	14.41	16,593.23	-1,028.85
Microsoft Corporation 73 Shares 71020239	16,236.66	336.32	24,551.36	8,314.70
Microsoft Corporation 75 Shares 71020339	16,681.50	336.32	25,224.00	8,542.50
Mondelez International Inc CI A 300 Shares 71020239	17,541.00	66.31	19,893.00	2,352.00
Mondelez International Inc CI A 275 Shares 71020339	16,079.25	66.31	18,235.25	2,156.00

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
Morgan Stanley	3.875%	04/29/2024	27,695.44	1.060282	26,507.04	-1,188.40
25000 Par Value						
71020239						
Nestle SA ADR			7,666.61	139.8672	9,091.37	1,424.76
65 Shares						
71020239						
Nestle SA ADR			8,846.09	139.8672	10,490.04	1,643.95
75 Shares						
71020339						
Netflix Inc			9,725.96	602.44	10,843.92	1,117.96
18 Shares						
71020239						
Netflix Inc			13,136.96	602.44	15,061.00	1,924.04
25 Shares						
71020339						
Nike Inc Cl B			14,147.00	166.67	16,667.00	2,520.00
100 Shares						
71020239						
Nike Inc Cl B			10,610.25	166.67	12,500.25	1,890.00
75 Shares						
71020339						
Paypal Holdings Inc			22,217.20	188.58	19,612.32	-2,604.88
104 Shares						
71020239						
Paypal Holdings Inc			22,328.37	188.58	18,858.00	-3,470.37
100 Shares						
71020339						

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

				<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
				<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
				<i>(Aggregate Market Value)</i>	<i>Price</i>		
Paypal Holdings Inc	2.650	2.650%	10/01/2026	27,480.01	1.050342	26,258.56	-1,221.45
25000 Par Value							
71020239							
Pear Tree Polaris Foreign Value Fund R6				118,860.99	12.10	125,594.61	6,733.62
10379.72 Shares							
71020239							
Pear Tree Polaris Foreign Value Fund R6				104,000.88	12.10	109,892.66	5,891.78
9082.038 Shares							
71020339							
Pear Tree Polaris Foreign Value Fund R6				43,831.98	12.10	46,315.11	2,483.13
3827.695 Shares							
71020639							
Pepsico Inc				11,122.50	173.71	13,028.25	1,905.75
75 Shares							
71020239							
Pepsico Inc				11,122.50	173.71	13,028.25	1,905.75
75 Shares							
71020339							
Pimco Total Return Fund				195,540.96	10.27	189,628.36	-5,912.60
18464.3 Shares							
71020039							
Roper Technologies Inc.				12,932.70	491.86	14,755.80	1,823.10
30 Shares							
71020239							
Roper Technologies Inc.				15,088.15	491.86	17,215.10	2,126.95
35 Shares							
71020339							

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

		<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
		<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
		<i>(Aggregate Market Value)</i>	<i>Price</i>		
S&P Global Inc		12,491.74	471.93	17,933.34	5,441.60
38 Shares					
71020239					
S&P Global Inc		11,505.55	471.93	16,517.55	5,012.00
35 Shares					
71020339					
Salesforce.com Inc.		14,476.11	254.13	15,501.93	1,025.82
61 Shares					
71020239					
Salesforce.com Inc.		12,239.15	254.13	13,977.15	1,738.00
55 Shares					
71020339					
Starbucks Corp		16,047.00	116.97	17,545.50	1,498.50
150 Shares					
71020339					
Starbucks Corp	3.100% 03/01/2023	26,408.73	1.023881	25,597.01	-811.72
25000 Par Value					
71020239					
Starbucks Corp		12,837.60	116.97	14,036.40	1,198.80
120 Shares					
71020239					
Sterling Capital Equity Income Fund CI I		33,418.66	28.67	41,236.98	7,818.32
1438.332 Shares					
71020639					
Stryker Corporation		8,576.40	267.42	9,359.70	783.30
35 Shares					
71020239					

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Stryker Corporation	12,252.00	267.42	13,371.00	1,119.00
50 Shares				
71020339				
T Rowe Price Institutional Floating Rate Fund	142,845.50	9.75	142,742.04	-103.46
14640.209 Shares				
71020239				
T Rowe Price Institutional Floating Rate Fund	57,256.93	9.75	57,256.38	-0.55
5872.449 Shares				
71020339				
T Rowe Price Institutional Floating Rate Fund	34,762.90	9.75	34,761.05	-1.85
3565.236 Shares				
71020639				
T Rowe Price Mid Cap Growth	738,042.27	117.41	760,095.08	22,052.81
6473.853 Shares				
71020039				
T. Rowe Price Growth Stock I	846,211.73	106.34	909,975.63	63,763.90
8557.228 Shares				
71020039				
T. Rowe Price Retirement Balanced I Fund	310,291.13	12.98	318,808.11	8,516.98
24561.488 Shares				
71020039				
T. Rowe Price Retirement I 2020 Fund	358,263.34	14.85	375,106.60	16,843.26
25259.704 Shares				
71020039				
T. Rowe Price Retirement I 2030 Fund	2,534,276.68	16.73	2,748,103.48	213,826.80
164262.013 Shares				
71020039				

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
T. Rowe Price Retirement I 2040 Fund			6,722,392.52	18.04	7,483,553.93	761,161.41
414831.149 Shares						
71020039						
T. Rowe Price Retirement I 2045 Fund			776,692.07	18.52	870,248.32	93,556.25
46989.65 Shares						
71020039						
T. Rowe Price Retirement I 2050 Fund			861,794.54	18.48	966,148.85	104,354.31
52280.782 Shares						
71020039						
T. Rowe Price Retirement I 2060 Fund			24,360.61	18.84	26,362.00	2,001.39
1399.257 Shares						
71020039						
TJX Companies, Inc			16,389.60	75.92	18,220.80	1,831.20
240 Shares						
71020239						
TJX Companies, Inc			15,365.25	75.92	17,082.00	1,716.75
225 Shares						
71020339						
Touchstone Sands Capital Select Gr Instl			37,769.09	19.16	35,659.37	-2,109.72
1861.136 Shares						
71020639						
Union Pac Corp	3.646%	02/15/2024	27,136.24	1.045255	26,131.38	-1,004.86
25000 Par Value						
71020239						
Unitedhealth Group Inc	3.750%	07/15/2025	28,483.40	1.084739	27,118.48	-1,364.92
25000 Par Value						
71020239						

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Vanguard 500 Index Admiral Share 5710.555 Shares 71020039	2,076,679.70	439.83	2,511,673.41	434,993.71
Vanguard 500 Index Admiral Share 268.678 Shares 71020239	93,294.19	439.83	118,172.64	24,878.45
Vanguard Intermediate Term Treasury Admiral 2932.173 Shares 71020039	33,848.25	11.31	33,162.88	-685.37
Vanguard Intermediate Term Treasury Admiral 24766.964 Shares 71020339	287,302.72	11.31	280,114.36	-7,188.36
Vanguard Intermediate Term Treasury Admiral 13063.296 Shares 71020639	151,365.17	11.31	147,745.88	-3,619.29
Vanguard Mid Cap Index Admiral Shares 581.267 Shares 71020039	151,139.73	315.46	183,366.49	32,226.76
Vanguard S/T Inflation Protected Sec Admiral 5637.991 Shares 71020239	144,535.71	25.74	145,121.89	586.18
Vanguard S/T Inflation Protected Sec Admiral 2255.5 Shares 71020339	57,824.91	25.74	58,056.57	231.66
Vanguard S/T Inflation Protected Sec Admiral 1337.33 Shares 71020639	34,352.20	25.74	34,422.87	70.67

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

	<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
	<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
	<i>(Aggregate Market Value)</i>	<i>Price</i>		
Vanguard Short Term Corp Bond Index Admiral 6418.485 Shares 71020339	145,146.01	22.13	142,041.07	-3,104.94
Vanguard Short Term Corp Bond Index Admiral 3329.864 Shares 71020639	75,287.85	22.13	73,689.89	-1,597.96
Vanguard Short-Term Investment Grade Fund Adm 51204.079 Shares 71020039	557,864.94	10.77	551,467.93	-6,397.01
Vanguard Small Cap Index Admiral Shares 2812.791 Shares 71020039	267,338.73	108.37	304,822.16	37,483.43
Vanguard Total Bond Market Admiral Shares 26531.175 Shares 71020039	305,625.77	11.19	296,883.85	-8,741.92
Vanguard Total Intl Stock Index Admiral 20373.063 Shares 71020039	674,103.47	34.20	696,758.75	22,655.28
Visa Inc - Class A 137 Shares 71020239	29,966.01	216.71	29,689.27	-276.74
Visa Inc - Class A 135 Shares 71020339	29,528.55	216.71	29,255.85	-272.70
Wal-Mart Stores Inc 25000 Par Value 71020239	2.550% 04/11/2023 26,190.60	1.022025	25,550.63	-639.97

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
Wasatch Core Growth Institutional			160,185.52	95.72	165,697.35	5,511.83
1731.063 Shares						
71020039						
WCM Focused International Growth Fund			118,327.63	27.68	131,694.38	13,366.75
4757.745 Shares						
71020239						
WCM Focused International Growth Fund			106,353.18	27.68	118,367.24	12,014.06
4276.273 Shares						
71020339						
WCM Focused International Growth Fund			43,290.95	27.68	48,181.28	4,890.33
1740.653 Shares						
71020639						
Wells Fargo Co Mtn Be	3.000%	02/19/2025	26,923.50	1.044415	26,110.37	-813.13
25000 Par Value						
71020239						
William Blair Large Cap Gr-R6			33,979.10	26.16	40,903.31	6,924.21
1563.582 Shares						
71020639						
Total Corporate Debt & Equity			25,471,165.13		28,065,362.09	2,594,196.96
Other Assets						
Other Assets						
Fidelity A/C 279-163546 Great Lakes Ortho			0.00	.00	0.00	0.00
1 Units						
71020539						
Fidelity A/C 669-126357 B Groseclose II			303,967.56	209,687.22	209,687.22	-94,280.34
1 Units						
71020539						

01/01/2021-12/31/2021

Consolidation: Great Lakes Ortho

Schedule - 3.1

List Of Assets

	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Loan Balance Plan 71020039	164,823.46	147,555.01	147,555.01	-17,268.45
1 Units 71020039				
Total Other Assets	468,791.02		357,242.23	-111,548.79
TOTAL INVESTMENTS MARKET VALUE	26,935,238.38		29,401,022.79	2,465,784.41
TOTAL ACCRUED INCOME	18,743.89		18,743.89	
NET ASSETS	26,953,982.27		29,419,766.68	2,465,784.41

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		

A This return/report is for:

☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____

B This return/report is:

☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ☐

D Check box if filing under:

☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information	
1a Name of plan Great Lakes Orthopaedic Center 401(k) Profit Sharing Plan	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/1995</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Great Lakes Orthopaedic Center 4045 West Royal Drive Traverse City MI 49684	2b Employer Identification Number (EIN) <u>38-3202597</u> 2c Plan Sponsor's telephone number (231) <u>935-0900</u> 2d Business code (see instructions) <u>621111</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	 Signature of plan administrator	<u>10/5/22</u> Date	Nancy Edick Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	 Date	 Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE